Officeholder Expense Fund Statement of Contributions and Expenses (Long Beach Municipal Code 2.01,380)

City of Long Beach Form OEF

Who Uses Form OEF:

Form OEF is for use by an elected officeholder who establishes and maintains an officeholder expense fund as a subaccount of his or her controlled committee account.

Notes:

- The Long Beach Campaign Reform Act (Proposition "M") allows successful candidates to retain up to \$5,000 of their surplus campaign funds for expenditures associated with holding office (Long Beach Municipal Code Sections 2.01.1020 and 2.01.380). Funds cannot be used for a future election. No person shall make and no elected City officeholder or officeholder expense fund shall solicit or accept from any person, a contribution or contributions to the officeholder expense fund totalling more than five hundred dollars (\$500.00) during any calendar year.
- In accordance with Long Beach Municipal Code Section 2.01.380.B, an "officeholder expense fund shall be considered a
 subaccount of the officeholder's controlled committee." Furthermore, "every elected City officeholder who establishes and
 maintains an officeholder expense fund pursuant to this Section shall be required to file a supplemental report indicating all
 contributions to and disbursements from the officeholder expense fund with the City Clerk at the same time that each campaign
 statement is required to be filed by the elected officer." (Long Beach Municipal Code Section 2.01.380.C).
- "The supplemental officeholder expense fund report shall itemize each expenditure of more than fifty dollars (\$50.00) from the
 officeholder expense fund by stating the date, amount, and purpose of each such expenditure, and the name of each payee or
 other person upon whose behalf the expenditure was made. The officeholder or his or her treasure shall retain all receipts,
 invoices, written agreements and other documents relating to expenditures from such officeholder expense fund." (Long Beach
 Municipal Code Section 2.01.380)
- As long as an officeholder expense fund is maintained, a controlled committee account must also be maintained. Long Beach
 Municipal Code Section 2.01.380.B does not allow and officeholder to maintain an officeholder expense fund in a separate bank
 account from the campaign account. The two "funds" (officeholder and campaign) must reside in the same bank account.

COVER AND SUMMARY PAGE

SIGNATURE OF OFFICEHOLDER

Officeholder Expense Fund (OEF) Statement of Contributions and Expenses

(Long Beach Municipal Code 2.01.380)

• Due at same time a campaign statement is filed, as long as there is OEF activity

DATE

oefsum

• ONLY list officeholder-related expenses and contributions

Statement covers period from through	Date Stamp	OEF
Type or print in ink. Amounts may be rounded to whole dollars.		Page

Officeholder included in this Statement		Curre	Current Balance Statement			
NAME OF OFFICEHOLDER:		Beginning Balance				
OFFICE HELD:	I.D. NUMBER:	(from previous summary i	if available)			
COMMITTEE NAME:		······································				
COMMITTEE ADDRESS:		Total of Contributions Red	ceived \$			
COMMITTEE CITY, STATE, ZIP:	PHONE NUMBER:	· · · · · · · · · · · · · · · · · · ·				
NAME OF TREASURER: PERMANENT ADDRESS OF TREASURER:		Total of Payments Made	\$			
TREASURER CITY, STATE, ZIP:	PHONE NUMBER:	Ending Balance	\$			
Verification I have used all reasonable diligence	ce in preparing this statement. I h	eve reviewed the statement and to the best of my knowled	dge the information contained herein and in the attached			
		der the laws of the State of California that the foregoing is	true and correct.			
Executed on	AT	BY				
reasonable diligence in preparing t	his statement I have reviewed t	CITY AND STATE iign statement. I have used all reasonable diligence and the statement and to the best of my knowledge the information of the State of California that the foregoing is true and corrections.	ation contained herein and in the attached schedules is			

CITY AND STATE

SCHEDULE A

Officeholder Expense Fund Schedule A -- Contributions

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period	Long Beach Amendment	OEF-A
from		
through	Page	_ of

Total

			throug	h	Page of	
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE					I.D. NUMBER	
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED ENTER THE TREASURER'S NAME AND ADDRESS	OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTE NAME OF BUSINESSES)	ER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	
				·		
		1	<u></u>			
	Contributi	ions Under \$50.00 (c	do not it	emize)		

offcontr

Officeholder Expense Fund Schedule A -- Contributions (Continuation)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	Long Beach Amendment	OEF-A
from		
through	Page	_ of

(Continuat	(Continuation)			jh	Page of		
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE					I.D. NUMBER		
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED ENTER THE TREASURER'S NAME AND ADDRESS	(IF SELF-EMPLOYED, ENTE	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESSES) AMOUNT RECEIVED THIS PERIOD		CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		
	Contribut	ions Under \$50.00 (c	lo not it	temize)			
				Total			

SCHEDULE E

Officeholder Expense Fund Schedule E -- Expenditures

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	LONG BEACH AMENDMENT	OEF-E	
through	Page	of	

Schedule E -- Expenditures to who (Expenditures of more than \$50 must be itemized)

		through	Page	of	
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE I.D. NUMBER			I.D. NUMBE	BER	
NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	DESCRIPTION AND PURPOSE OF PAYMENT			AMOUNT PAID	
				7.617. h	
				- The state of the	
Ex	penditures under \$50.00 (d	o not itemize)			
	·	Total			

Officeholder Expense Fund	d
Schedule E Expenditures	S
(Continuation)	

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period	LONG BEACH AMENDMENT	OEF-E
from		
through	Page	_ of
	ID NUMBER	

(Continuation)		through	Page	of	
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE			I.D. NUMBER		
NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER REASURER'S NAME AND ADDRESS)	DESCRIPTION OF PAYMENT			AMOUNT PAID	
Exp	penditures under \$50.00 (d	lo not itemize)			
		Total			